

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000099042

FILED  
Apr 21, 2008  
Secretary of State

Entity Name: TEXARKANA MEDICAL EQUITY INVESTORS CORPORATION

**Current Principal Place of Business:**

420 SOUTH ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

420 S. ORANGE AVENUE  
SUITE 500  
ORLANDO, FL 32801

**New Mailing Address:**

FEI Number: 65-0992040      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PCEO ( ) Delete  
Name: FLAHERTY, JAMES F III  
Address: 3760 KILROY AIRPORT WAY, SUITE 300  
City-St-Zip: LONG BEACH, CA 90806

Title: DEVP ( ) Delete  
Name: HENNING, EDWARD J  
Address: 3760 KILROY AIRPORT WAY, SUITE 300  
City-St-Zip: LONG BEACH, CA 90806

Title: DVP ( ) Delete  
Name: MAULBETSCH, STEPHEN R  
Address: 3760 KILROY AIRPORT WAY, SUITE 300  
City-St-Zip: LONG BEACH, CA 90806

Title: CFO ( ) Delete  
Name: WALLACE, MARK  
Address: 3760 KILROY AIRPORT WAY, SUITE 300  
City-St-Zip: LONG BEACH, CA 90806

Title: S ( ) Delete  
Name: HENNING, EDWARD  
Address: 3760 KILROY AIRPORT WAY, SUITE 300  
City-St-Zip: LONG BEACH, CA 90806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD J. HENNING

VS

04/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date